. Health,
& Welfare
Public
Service

S. 300
. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-012541
STATE FILE NUMBER

FILED MAY 5 1959 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 125

1. PLACE OF DEATH
a. COUNTY Calloway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hosp # 1 — Length of stay in 1b: Five Months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Callaway
c. CITY OR TOWN Steedman (080-3) — Inside Limits Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First Lester Middle H. Last Powell

4. DATE OF DEATH: Month 4 Day 27 Year 59

5. SEX: Male — 6. COLOR OR RACE: White — 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 7-14-1876

9. AGE (In years last birthday): 82 Yrs — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (City and state or country): Saline Co. Mo.

12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME: Charles Powell

13b. MOTHER'S MAIDEN NAME: Anne Powell

14. NAME OF HUSBAND OR WIFE: Alice Dimes Powell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service): DK

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Address: Hosp Road, Fulton Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hypostatic Pneumonitis — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Congestive Heart Failure
DUE TO (c): Chr. Impoverishment - Gen. Arteriosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Fracture - Left femur - mid 2-21-59

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Fall on hosp. ward. 4221F

20c. TIME OF INJURY: Hour 9 a.m. p.m. — Month, Day, Year: 2-21-59

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): State Hosp #1

20f. CITY, TOWN, OR LOCATION: Fulton — COUNTY: Calloway — STATE: Mo

21. I attended the deceased from 5-27-54, to 4-27-59 and last saw her/him alive on 4-26-59
Death occurred at 2:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wm. J. Arener M.D.

22b. ADDRESS: State Hosp - Fulton

22c. DATE SIGNED: 4-27-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: 4-29-1959

23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cem

23d. LOCATION (City, town, or county) (State): Sedalia, Mo.

24. FUNERAL DIRECTOR: Gillispie F. Home — ADDRESS: Sedalia, Mo

25. DATE RECD. BY LOCAL REG.: April 27-1959

26. REGISTRAR'S SIGNATURE: Marietta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Clifford Gouge

Licensed Embalmer No. 5014

P. O. Address Lealia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.